

Submit to:
Department of Natural Resources
301 Centennial Mall South
P.O. Box 94676
Lincoln, Nebraska 68509-4676
Phone (402) 471-2363

July 2002
DNR Form 42-12

STATE OF NEBRASKA
DEPARTMENT OF NATURAL RESOURCES
REGISTERED WELL STATUS
ACTIVE TO INACTIVE

FOR DEPARTMENT USE ONLY

Date Filed: _____ Sequence No. _____ Registration No. _____

Receipt No. _____ NRD

1. Well Owner _____ Work Telephone Number () _____
Address _____ Home Telephone Number () _____
City _____ State _____ Zip Code _____ + _____

2. On _____, 20____, I altered the status of the water well identified as registration number _____ from active to inactive by removing the _____ inch pump and pumping column and properly capping the well according to state standards. The well is located in the _____ 1/4 of the _____ 1/4, Section _____, Township _____ North, Range _____ E W in _____ County.

46-1207.02. Inactive status water well, defined: Inactive status water well shall mean a water well that is in a good state of repair and for which the owner has provided evidence of intent for future use by maintaining the water well in a manner which meets the following requirements:

- 1) The water well does not allow impairment of the water quality in the water well or the ground water encountered by the water well;
- 2) The top of the water well or water well casing has a water-tight welded or threaded cover or some other water-tight means to prevent its removal without the use of equipment or tools to prevent unauthorized access, to prevent a safety hazard to humans and animals, and to prevent illegal disposal of wastes or contaminants into the water well; and
- 3) The water well is marked so as to be easily visible and located and is labeled or otherwise marked so as to be easily identified as a water well and the area surrounding the water well is kept clear of brush, debris, and waste material.

3. If applicable, Contractor: _____ License #: _____
Firm: _____ Telephone Number () _____
Address: _____
City: _____ State _____ Zip Code _____ + _____

COMMENTS: _____

4. I am familiar with the information submitted and to the best of my knowledge it is true.

Signature: _____ Date: _____

(Contractor if applicable, owner if no contractor used.)